

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Glen Thomas			SSAN OR EMPLOYEE NUMBER* 5			DEPARTMENT Governor's Office		
POSITION Secretary			CB/ID NUMBER			DIVISION OR BUREAU Office of the Secretary of Education		
RESIDENCE ADDRESS* 1121 L Street #600			HEADQUARTERS ADDRESS 1121 L Stree #600			INDEX NUMBER 131		
CITY Sacramento			STATE CA			ZIP CODE 95814		
CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) MONTH/YEAR November		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
08	0800	Sacramento/San Jose											
09	1800	San Jose/Sacramento	156.54	6.00			4.64			31.00			198.18
10	0730	Sacramento/Burbank/return								69.00			69.00
	2100												
10) SUBTOTALS			156.54	6.00			4.64			100.00			267.18

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 267.18

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

11/8-9/09 RTTT Road Trip, San Jose, CA

11/10/09 RTTT Road Trip, & Los Angeles Times & Los Angeles Chamber, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 0751 0752 0753 0754 0755 0756 0757 0758 0759 0760 0761 0762 0763 0764 0765 0766 0767 0768 0769 0770 0771 0772 0773 0774 0775 0776 0777 0778 0779 0780 0781 0782 0783 0784 0785 0786 0787 0788 0789 0790 0791 0792 0793 0794 0795 0796 0797 0798 0799 0800 0801 0802 0803 0804 0805 0806 0807 0808 0809 0810 0811 0812 0813 0814 0815 0816 0817 0818 0819 0820 0821 0822 0823 0824 0825 0826 0827 0828 0829 0830 0831 0832 0833 0834 0835 0836 0837 0838 0839 0840 0841 0842 0843 0844 0845 0846 0847 0848 0849 0850 0851 0852 0853 0854 0855 0856 0857 0858 0859 0860 0861 0862 0863 0864 0865 0866 0867 0868 0869 0870 0871 0872 0873 0874 0875 0876 0877 0878 0879 0880 0881 0882 0883 0884 0885 0886 0887 0888 0889 0890 0891 0892 0893 0894 0895 0896 0897 0898 0899 0900 0901 0902 0903 0904 0905 0906 0907 0908 0909 0910 0911 0912 0913 0914 0915 0916 0917 0918 0919 0920 0921 0922 0923 0924 0925 0926 0927 0928 0929 0930 0931 0932 0933 0934 0935 0936 0937 0938 0939 0940 0941 0942 0943 0944 0945 0946 0947 0948 0949 0950 0951 0952 0953 0954 0955 0956 0957 0958 0959 0960 0961 0962 0963 0964 0965 0966 0967 0968 0969 0970 0971 0972 0973 0974 0975 0976 0977 0978 0979 0980 0981 0982 0983 0984 0985 0986 0987 0988 0989 0990 0991 0992 0993 0994 0995 0996 0997 0998 0999 1000

CLAIMANT'S SIGNATURE

DATE

DATE

DATE

11-23-09

11/23/09

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Glen W. Thomas			SSAN OR EMPLOYMENT NUMBER*			DEPARTMENT Governor's Office			
POSITION Secretary			CB/ID NUMBER		DIVISION OR BUREAU Secretary of Education			INDEX NUMBER 131	
RESIDENCE ADDRESS* 1121 L Street #600					HEADQUARTERS ADDRESS 1121 L Street #600			TELEPHONE NUMBER 916-322-9204	
CITY Sacramento		STATE CA	ZIP CODE 95814		CITY Sacramento		STATE CA	ZIP CODE 95814	

(1) MONTH/YEAR Nov./Dec.		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION						(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT			
16	0500	Sacto/San Diego			10.00	18.00								28.00	
17	2330	San Diego/Sacto		6.00						18.00				24.00	
18	0430	Sacto/Ontario		4.30						9.00				13.30	
19	0630	Sacto/Burbank	121.10	6.00		18.00				9.00				154.10	
20	1930	Burbank/ Sacramento		6.00	10.00	11.87				9.00				36.87	
23	0800	Sacto/San Diego/return													
	1930						164.24		42.00					206.24	
SUBTOTALS			121.10	22.30	20.00	47.87		164.24		87.00				462.51	

CLAIM TOTAL

\$ 462.51

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

(12) NORMAL WORK HOURS

1/16-17/09 CETPA Conference & Governor's Press Conference, San Diego, CA (no receipt for lunch or inner)

(13) PRIVATE VEHICLE LICENSE NUMBER

1/18/09 Race to top Raod Trip, Riverside, CA

(14) MILEAGE RATE CLAIMED

1/19-20/09 RTTT meeting and Editorial Boards Meetings, Burbank, CA (no breakfast or dinner receipt)

AGENCY ACCOUNTING OFFICE
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MANT'S SIGNATURE

DATE _____

(16.) Sk

-NT

DATE _____

12/9/09